UNITED STATES DISTRICT COURT

for the

__________ District of __________

La'Toria Forrest White *Plaintiff(s)* *(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)* -v- ABC Home and Commercial Services *Defendant(s)* *(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*	)	Case No. ____________ *(to be filled in by the Clerk's Office)* Jury Trial: *(check one)* ☐ Yes ☐ No

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	La'Toria Forrest White
Street Address	12334 Ormandy St.
City and County	Houston
State and Zip Code	TX, 77085
Telephone Number	832/800-2662
E-mail Address	latoria.forrest@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

Defendant No. 1

Name	ABC Home and Commercial Services
Job or Title *(if known)*	
Street Address	11934 Barker Cypress Rd
City and County	Houston, Harris
State and Zip Code	Cypress, TX, 77433
Telephone Number	(281) 730-9500
E-mail Address *(if known)*	kjenkins@goanteater.com

Defendant No. 2

Name	N/A
Job or Title *(if known)*	N/A
Street Address	N/A
City and County	N/A
State and Zip Code	N/A
Telephone Number	
E-mail Address *(if known)*	N/A

Defendant No. 3

Name	N/A
Job or Title *(if known)*	N/A
Street Address	N/A
City and County	N/A
State and Zip Code	N/A
Telephone Number	
E-mail Address *(if known)*	N/A

Defendant No. 4

Name	N/A
Job or Title *(if known)*	N/A
Street Address	N/A
City and County	N/A
State and Zip Code	N/A
Telephone Number	
E-mail Address *(if known)*	N/A

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	
Street Address	8448 N Sam Houston Pkwy W, Houston. TX
City and County	Houston, Harris
State and Zip Code	TX, 77064
Telephone Number	(281) 730-9500

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- [✓] Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

  (Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- [ ] Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

  (Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- [✓] Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

  (Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- [ ] Other federal law *(specify the federal law)*:

- [✓] Relevant state law *(specify, if known)*:

- [✓] Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☑ Termination of my employment.
- ☐ Failure to promote me.
- ☑ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☑ Retaliation.
- ☑ Other acts *(specify)*: My employee file was manipulated/or tampered with by Mngr.

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

July/2014

C. I believe that defendant(s) *(check one)*:

- ☑ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☑ race African American
- ☑ color Black
- ☑ gender/sex Female
- ☐ religion
- ☐ national origin
- ☐ age *(year of birth)* ______ *(only when asserting a claim of age discrimination.)*
- ☑ disability or perceived disability *(specify disability)*

  Anxiety/Depression which elevates Blood Pressure

E. The facts of my case are as follows. Attach additional pages if needed.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

09/2014 09/2014

B. The Equal Employment Opportunity Commission *(check one)*:

- ☐ has not issued a Notice of Right to Sue letter.
- ☑ issued a Notice of Right to Sue letter, which I received on *(date)* 10/03/2016 .

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

- ☐ 60 days or more have elapsed.
- ☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

The employer denied my counter offer of $20,000 for my punitive damages. I reported my concerns immediately while employed at ABC home and Commercial Services. I was humiliated, attacked, by two employees and there was nothing done about it. I did not feel protected neither party including me was sent home for the day, nor was there any separation asked to be removed from the environment to focus on my daily task. The day that I was wrongfully terminated, with doctor's notice per the handbook. I was retaliated against due to me going to higher management. My confidentiality was breached. My employee file was tampered and or altered without my knowledge. PTO form was excused and approved. Then changed to unexcused while I was under Doctor's care. It's mind- boggling how it changes from excused to unexcused when it was approved in advance.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: ____________

Signature of Plaintiff ____________________

Printed Name of Plaintiff ____________________

B. For Attorneys

Date of signing: ____________

Signature of Attorney N/A

Printed Name of Attorney N/A

Bar Number N/A

Name of Law Firm N/A

Street Address N/A

State and Zip Code N/A

Telephone Number ____________________

E-mail Address N/A